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FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER — 2015 APR 15 AM 9: 26

FORM 1							Office U	lse Only
NAME OF COMMITTEE (in	n full)	(Check	if name	Example over the	le:If typing, type e lines.	12FE	1M5	
Actual Citiz	zens l	Jnited		1 1 1			1 1 3 4	1
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ADDRESS (number a	and street)	Post Of	fice Bo	x 276	64			
(Check if a is changed		Oklaho	ma City	<u>, , , , , , , , , , , , , , , , , , , </u>		OK	7310)1
			(CITY		STATE		ZIP CODE
COMMITTEE'S E-MA)	SS (Please provid	de only one e- ctualcit	mail addre	ss). united.c	om	÷.	rangena Galana
(Check if is change			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	موا	Stranger (v) Tephysip (j) (j)	THE OF THE PARTY O	1 1 1 1	190 2 m () 2 m () 1
COMMITTEE'S WEE	address ed)	DRESS (URL) WWW.A	ctualCi		sUnited,	com		
2. DATÉ 02	17/3	2015		g 100 m E	t Mr. 1974 — Alicia de Co e territoria de maio de la come d	to shift to the	u Prince in the contract of th	1
3. FEC IDENTIFI	CATION N	UMBER	C(00	5667	11			
4. IS THIS STATE	MENT	NEW (N)	OR	\boxtimes	AMENDED (A	4)		
Certify that I have	examined t	his Statement an	d to the best	of my kno	owledge and bei	lief it is true, c	orrect and con	nplete.
Type or Print Name	of Treasure	Sara F	Peterso	n		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Signature of Treasur		SaraPote	(8M)	<u> </u>		Date	04" / 0	3 2015
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	· ·	ANY CHANGE II	N INFORMATIO	ON SHOUL	D BE REPORTE	D WITHIN 10 I	DAYS.	
Office Use Only	.,	50,00		Fe	or further Informati deral Election Corr Il Free 800-424-95	misslon		C FORM 1 evised 02/2009)

FEC Fo	Page 2							
TYPE OF COMMITTEE								
Candidate	e Committee:							
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate (
Candidate Party Affiliat	Office Sought: House Senate President	State District						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate								
Party Cor								
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.						
Political A	Action Committee (PAC):							
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:						
	Corporation Corporation w/o Capital Stock	Labor Organization						
	Membership Organization Trade Association	Cooperative						
	In addition, this committee is a Lobbyist/Registrant PAC.							
(f)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party							
_	committee. (i.e., nonconnected committee)							
	In addition, this committee is a Lobbyist/Registrant PAC.							
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint Fundraising Representative:								
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate							
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
Committees Participating in Joint Fundraiser								
•		\$ -7 - 2 - 5 - 7 - 7 - 7						
1.	FEC ID number	<u></u>						
2.	FEC ID number							
3.	FEC ID number							
4.								

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Write or Type Committee Name Actual Citizens United 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA Mailing Address CITY STATE ZIP C	
Actual Citizens United 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership P/ Mailing Address CITY STATE ZIP C Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadersh 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession.	DODE
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7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession	iip PAC Sponsoi
	on of committee
Full Name Treasurer	· <u> </u>
Mailing Address	
	<u> </u>
	 -
Title or Position CITY STATE ZIP C	ODE
Telephone number]-L
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name ar any designated agent (e.g., assistant treasurer). 	nd address of
Full Name Sara Peterson of Treasurer	
Mailing Address Post Office Box 2764	
Oklahoma City OK 73101 CITY STATE ZIP C	ODE
Title or Position Treasurer Telephone number	I - I

CITY

ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.				
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Other (Specify):	Date of Receipt or Postmarked			
1	4/15/15			
PREPARER	DATE PREPARED			

(3/2015)